NONPROFIT CORPORATION

STATE OF MAINE

COMMERCIAL REGISTERED AGENT

STATEMENT OF
APPOINTMENT or CHANGE

Deputy Secretary of State

A True Copy When Attested By Signature

(Name of Corporation as it appears on the records of the Secretary of State)

Deputy Secretary of State

Filing Fee \$15.00

Pursuant to 5 MRSA §§105 & 108 the undersigned nonprofit corporation executes and delivers the following statement of appointment or change of a commercial registered agent.

FIRST:	The name and address of the current registered agent appearing on the record in the Secretary of State's office:
	(name of current registered agent)
	(physical street address, city, state and zip code)
SECOND:	The new CRA Public number is:
	The name of the new CRA is:
THIRD:	Pursuant to 5 MRSA §108.3, the registered agent listed above has consented to serve as the registered agent for this corporation.
FOURTH:	(To be completed by foreign nonprofit corporations)
	Jurisdiction of incorporation:
	Date authorized to carry on activities in the State of Maine:
Dated	*By (signature)
	(signature)
	(type or print name and capacity)

Please remit your payment made payable to the Maine Secretary of State.

Submit completed form to: Secretary of State

Division of Corporations, UCC and Commissions 101 State House Station, Augusta, ME 04333-0101

Telephone Inquiries: (207) 624-7752 Email Inquiries: CEC.Corporations@Maine.gov

<sup>\*</sup>This statement MUST be signed by any duly authorized officer. (13-B MRSA §104.1)

## **Filer Contact Cover Letter**

Department of the Secretary of State Division of Corporations, UCC and Commissions 101 State House Station Augusta, ME 04333-0101	Tel. (207) 624-7752
Name of Entity (s):	
List type of filing(s) enclosed (i.e. Articles of Incorporation, Articles of Correction, etc.) Attach additional pages as needed.	s of Merger, Articles of Amendment, Certificat
Special handling request(s): (check all that apply)  Hold for pick up	
Expedited filing - 24 hour service (\$50 addition Expedited filing - Immediate service (\$100 add Total filing fee(s) enclosed: \$  Contact Information – questions regarding the above filing contact name and telephone number or email address will result in the return of the	litional filing fee per entity, per service g(s), please call or email: (failure to provide
contact name and telephone number of email address will result in the feturn of the	serioneous filling (s) by the secretary of state's offi
(Name of contact person)	(Daytime telephone number)
(Name of contact person)  (Email address)	(Daytime telephone number)
<u> </u>	
(Email address)  The enclosed filing(s) and fee(s) are submitted for filing. Please returns.	urn the attested copy to the following
(Email address)  The enclosed filing(s) and fee(s) are submitted for filing. Please retu address:	urn the attested copy to the following

(City, State & Zip)